## IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Allowed February 26, 2010

CLEMENT et al.

Conf. 6402

Application No. 10/561,509 Group 3775

Filed April 18, 2006

Examiner Nicholas WOODALL

VERTEBRAL OSTEOSYNTHESIS EQUIPMENT

## REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

March 5, 2010

Sir:

Receipt is acknowledged of the Filing Receipt for Serial No. 10/561,509.

It is requested that a new Filing Receipt be issued on which the priority document number of January 24, 2004 be correctly given as 00747, (not 04490519) as shown by the accompanying originally-filed Application Data Sheet.

Respectfully submitted,

YOUNG & THOMPSON

/Benoit Castel/

Benoit Castel, Reg. No. 35,041 209 Madison Street, Suite 500 Alexandria, VA 22314 Telephone (703) 521-2297 Telefax (703) 685-0573 (703) 979-4709

# IAP20 REC'6 PCT/PTO 20 DEC 2005

### Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?::

None

Computer Readable Form (CRF)::

No

Number of copies of CRF::

0

Title::

VERTEBRAL OSTEOSYNTHESIS

EQUIPMENT

Attorney Docket Number::

0573-1024

Request for Early

No

Publication?::

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

3

Small Entity?::

No

Latin Name::

Variety Denomination Name::

Petition Included?::

No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent

No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN-LUC

Middle Name::

Family Name:: CLEMENT

Name Suffix::

City of Residence:: LA COLLE SUR LOUP

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 230 CHEMIN DE MONTFORT

Address::

City of Mailing Address:: LA COLLE SUR LOUP

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-06480

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: VINCENT

Middle Name::

Family Name:: FIERE

Name Suffix::

City of Residence:: LYON

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 50 BOULEVARD DES BELGES

Address::

City of Mailing Address:: LYON

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State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-69006

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN

Middle Name::

Family Name:: TAYLOR

Name Suffix::

City of Residence:: CANNES

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing VILLA PORALTO

Address:: 25 AVENUE DE PORALTO

City of Mailing Address:: CANNES

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-06400

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: YVES

Middle Name::

Family Name:: ADAM

Name Suffix::

City of Residence:: AUTHIE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 4 ROUTE DE SAINT LOUET

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Address::

City of Mailing Address:: AUTHIE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-14280

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: BERNARD

Middle Name::

Family Name:: VILLARET

Name Suffix::

City of Residence:: CROIX-CHAPEAU

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 20 RUE DE SALLES

Address::

City of Mailing Address:: CROIX-CHAPEAU

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-17220

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466	
Number::		

#### Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/IB2004/002463	6/24/04
PCT/IB2004/002463	An application	60/490,519	7/29/03
	claiming the		
	benefit under		
	35 USC 119(e)		

## Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	03/07776	6/27/03	Yes
FRANCE	04/00747	1/27/04	Yes
FRANCE	04/03413	4/1/04	Yes

### Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::